

WEST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT
OF THE
Medical Officer of Health
FOR THE
YEAR 1935.

J. F. DAVIDSON, M.B., Ch.B., D.P.H.,

County Medical Officer.

Staff of the County Health Department.

(a) **Medical and Dental Staff.**

J. F. Davidson, M.B., Ch.B., D.P.H., County Medical Officer, School Medical Officer and Chief Tuberculosis Officer.

E. C. Downer, M.A., M.B., B.Ch., Assistant County Medical Officer.
D.P.H. (resigned 15-6-35).

A. A. Lisney, M.A., M.B., B.Ch., B.A.O., D.P.H.	"	"	"	"
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W. Hogg, M.B., B.S., D.P.H. ,, ,, ,,
 (appointed 17-6-35)

K. I. Drake, L.D.S. (resigned 31-8-35), Assistant Dental Surgeon.

J. M. Wilson, L.D.S. ,, ,, ,,

A. B. Brodie, L.D.S. (appointed 7-9-35) " " "

(b) **Veterinary Staff.**

F. J. Gildea, M.R.C.V.S. Chief Veterinary Inspector (East and West Suffolk).

H. Mitton, M.R.C.V.S. Assistant Veterinary Inspector (East and West Suffolk).

(c) General Nursing Staff.

G. M. Penly Cooper, S.R.N., Certified Midwife, Chief Health Visitor.

*L. Richardson, " " " Health Visitor.

B. W. Collins,	„	„	„	„	„
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*C. B. Coleman, " " " " "

J. Best, Dental Attendant.

N. Clayton, Dental Attendant.

G. M. Woodward, S.R.N., Matron, County Sanatorium.

*These Officers hold the Health Visitors' Certificate.

(d) **Clerical Staff.**

The Chief Clerk to the Department, Miss D. Kilner, is assisted by six assistant clerks.

Statistics and Social Conditions of County.

Area in Acres	...	...	...	...	...	390,916
Population (Estimated, 1935)			Urban	...	...	40,163
			Rural	...	...	63,737
Administrative County	...	...	...	...	...	103,900
Rateable Value (General)	...	...	...	...	...	£421,743
Estimated Product of a Penny Rate (General)	...	...	...	...	...	£1,600

Extract from Vital Statistics of the Year.

(A) Births.

[illegible]

Birth Rate per 1,000 of the estimated resident population, 13.4

								Total.	Males.	Females.
Still Births	...	...	...	...	...	...	...	62	34	28
Rate per 1,000 total births,	42.64									

(B) Deaths.

	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Deaths	1357	681	676
Death Rate per 1,000 of the estimated resident population, 1931	13.1		
Deaths from diseases and accidents of pregnancy and childbirth—			
(a) from sepsis ... ..	...	...	1
(b) from other causes ... ..	...	...	1
Maternal Mortality Rate per 1,000 total births	...	...	1.4
Death Rate of Infants under 1 year of age:—			
All Infants per 1,000 live births ... ..	...	...	42.4
Legitimate per 1,000 legitimate live births ... ..	...	...	40.8
Illegitimate per 1,000 illegitimate live births ... ..	...	...	73.5
Deaths from Measles (all ages) ... ..	...	...	Nil
Deaths from Whooping Cough (all ages) ... ..	...	...	Nil
Deaths from Diarrhoea (under 2 years of age) ... ..	...	...	2

General Comments Concerning the Year.

The County of West Suffolk is practically wholly devoted to agriculture and its associated industries; except in isolated instances factory and industrial life have little part in the lives of the population.

This being so, the lean years that agriculture has experienced recently have been especially hard on the lives and living conditions of the people of this County. It may be said that there is now an improvement in the position and that better years lie ahead, but as one who has watched rural affairs for many years, I do feel that perhaps the very strides of the progress of to-day may well rebound against the people even in conditions of improved financial states.

To the most casual observer it is obvious that the mechanisation of agriculture now increasing year by year must inevitably change the agricultural labourer from being an all the year round worker to a seasonable worker, and, taken further than this, it may well mean that, for at least a part of them, there will be no work at all.

Modern progress, with its highly mechanised aids, may well help the industry of agriculture, but unless there is a great expansion in agricultural work it is difficult for me to see any other result than a fall in the county's population in its rural areas and a migration of its rural people to urban areas and cities where it is to be hoped that they will be absorbed in industry's requirements.

I believe this idea, which is essentially a personal one, must be kept in mind in such things as rural housing, rural schools and area schools, for on these and similar issues it may well have a most important practical bearing.

Generally speaking, in this year's returns there has been no feature of great importance concerning the health of the adult population, and the main matter of concern with regard to the children centres round the presence of malnutrition.

This question of malnutrition is no new one in this County, and, while the present position calls for no undue apprehension, there is a clear indication that every possible effort must be made to improve the nutritional state of the County children.

In accordance with the Board of Education's instructions, the elementary school children who were medically examined during the year were recorded in so far as their nutrition was concerned under the headings, excellent nutrition, normal nutrition, slightly sub-normal nutrition, and bad nutrition.

In the routine inspection of Entrants, 1190 children were examined; of these 11.6 per cent. had excellent nutrition, 59.4 per cent. had normal nutrition, 26.8 per cent. were slightly sub-normal, and 2.2 per cent. were bad.

Note.—In this important group of children, 71 per cent. were found to be either excellent or normal, while 29 per cent. were found to be either slightly sub-normal or bad.

In the routine inspection of the Second Age-group, 1068 children were examined; of these 6.8 per cent. had excellent nutrition, 54.7 per cent. had normal nutrition, 34.1 per cent. were slightly sub-normal, and 4.4 per cent. were bad.

Note.—In this group of children, 61.5 per cent. were found to be either excellent or normal, while 38.5 per cent. were found to be either slightly sub-normal or bad.

In the third Age-group (routine inspection), 1198 children were examined; 13.5 per cent. had excellent nutrition, 55.4 per cent. had normal nutrition, 28.5 per cent. were slightly sub-normal, and 2.6 per cent. were bad.

Note.—In this group of children, 68.9 per cent. were found to be either excellent or normal, while 31.1 per cent. were found to be either slightly sub-normal or bad.

In summary, 3810 children were examined routinely with the following result:—

Excellent Nutrition	...	10.9 per cent.	}	= 67.8 per cent.
Normal Nutrition	...	56.9 per cent.		
Slightly Sub-normal	...	29.1 per cent.	}	= 32.2 per cent.
Bad	...	3.1 per cent.		

General Note.

(1) It will be seen that in these routine examinations:—

(a) Roughly 68 per cent. of the children are in a satisfactory condition.

(b) Some 29 per cent. of the children are slightly below normal, and

(c) 3.1 per cent. of the children have bad nutrition.

(2) From the return, the position of maximum trouble is in the second Age-group (Intermediates) where only 6.8 per cent. had excellent nutrition and where 4.4 per cent. had bad nutrition.

(3) A hopeful aspect of the table is that in the Entrant Group in 1935 11.6 per cent. had excellent nutrition and only 2.2 per cent. had bad nutrition.

(4) Finally, from the table the Leaver children appear again to be better, with 13.5 per cent. with excellent nutrition and with only 2.6 per cent. with bad nutrition.

The Table is still in its experimental stages, but I believe it is a most useful one and it will be interesting to compare the Tables of subsequent years.

In the normal way of things one could justifiably express the hope that the good batch of Entrant children will improve the subsequent Intermediate and Leaver children, always providing that no serious intercurrent infectious diseases lay hold of them in these subsequent years. There is just one other factor which may act against this theory—namely, can we be sure that the early school years do not tax the Entrant children in such a way that they drop in their nutrition, and that when they become acclimatised or hardened, they once again tend to increase in their nutritional state. This is a point of great interest and one worthy of some care and attention in an endeavour to prove or to explode it.

Several years ago I made recommendations regarding this question, and it is interesting to find, that after a period of rather passive interest, many of these recommendations are now being taken up by various national bodies.

Once again I state that I believe that the essential remedy for the future is to be found in appropriately timed and applied instruction on a greatly increased basis to girls at or about school leaving age in (1) how to buy food to the best advantage on the weekly money on which they themselves may expect to live, (2) how to cook food properly, and (3) how to utilise left over food in an appetising manner so that waste is prevented.

I feel very definitely that this matter must receive continued attention until an improved standard is reached; it is the first charge on any public health department, for new houses, new schools, and all similar things can do little good if bodies are constantly undernourished.

Finally with regard to children and apart from this question of malnutrition it is pleasant for me to be able to record that, contrary to my expectations, there has again been an improvement in the already good figure for cleanliness; there has been an extension of the general eye work and no fewer than 362 cases were refracted by the County Staff while 40 cases were refracted by private or other agencies; spectacles were prescribed in 352 of the county cases, and at the end of the year only 10 children had failed to obtain the necessary glasses—a record of some distinction; and, finally, there has been a considerable improvement in the returns of the Dental Service through which no fewer than 747 additional children were treated and in which the acceptances of treatment increased from 42 per cent. to 51 per cent.

Comments on the Main Vital Statistics.

(1). Birth Rate.

In 1935 there was a slight rise in the County Birth Rate, 13.4, as compared with the rate of 13.1 for the previous year, while the total number of live births increased in 1935 by 26.

During the last few years there has been no great fluctuation in the Birth Rate figures, although the slight changes that did take place until the year 1935 were always a decline. The figures for each year from and including 1930 to 1935 are: 13.9, 13.7, 13.3, 13.2, 13.1, and 13.4.

Since 1924 the rate has steadily declined through 1925 (15.7), 1926 (15.3), 1927 (14.7), 1928 (14.2), and 1929 (14.4), until the low figure of 13.1 was recorded in 1934; the year 1935 is the first one to record a rise for many years.

The average birth rate for the boroughs and urban districts was 12.4. In this section the highest birth rate of 13.6 was returned by Bury St. Edmund's and, for the fourth year in succession, by Hadleigh, whilst the lowest rate of 10.8 was found in Newmarket. In last year's return the lowest rate was found also in Newmarket.

The average birth rate over the rural districts was 14.0, which, as usual, is higher than that for the urban districts; the highest rate of 15.3 was returned in Brandon and Cosford, the lowest rate of 12.5 was found in Melford.

It will be remembered that in the return for 1933 there was the remarkable feature of the Death Rate exceeding the Birth Rate by .4; in 1934 the position was slightly bettered, as the Death Rate and Birth Rate were equal at 13.1; in 1935 the Birth Rate is found to exceed the Death Rate by .3.

(2). Death Rate.

The County Death Rate for 1935, as for 1934, was 13.1. This rate exceeds the rate for England and Wales by 1.4. The total number of deaths in the Administrative County during the year was 1357; this figure shows a reduction of 5 on the figure for the previous year. The Crude Death Rate for the County continues to remain high in comparison with the figures for past years.

A summary of the chief causes of death in the County in 1935 is as follows: (1) Heart Disease, 353; (2) Cancer, 186; (3) Cerebral Hæmorrhage, Aneurysm and other Circulatory Diseases, 179; (4) Digestive Disorders, 68; (5) Senility, 67; (6) Tuberculosis (all forms), 66; (7) Violence, 61; and (8) Bronchitis and other Respiratory Diseases, 55.

The first four places remain as in the previous year, but the places 5 and 6, occupied last year by Tuberculosis and Senility, this year are reversed.

With regard to Cancer, the total deaths have decreased from 199 to 186. The Cancer death rate remains stationary at 1.8, and the disease was the cause of death in 13.7 per cent. of the total deaths returned in the year.

In order that a fair comparison may be made between the death rates of different districts, having regard to the distribution of age and sex, the Registrar General has issued a Comparability Factor for each district, for modifying the crude death rate. Thus the average crude death rate for the boroughs and urban districts of 12.9 was lower than that for the rural districts, which was 13.2. The adjusted death rate, however, for the boroughs and urban districts was 10.4, and this was higher than that for the rural districts, which was 9.9. The death rate for England and Wales was 11.7.

The highest death rate in the boroughs and urban districts, after adjustment, of 20.8, was returned by Glemsford, and the lowest of 9.9 by Bury St. Edmund's.

In the rural districts the highest death rate, after adjustment, of 14.4 was returned by Moulton, and the lowest of 8.4 by Thedwastre.

Note (1).—The Death Rate for the County remains high, but I do not think it has any significance from the point of view of prevalent disease or general health. It must be recollected clearly that for the most part there has been a declining birth rate present through many years; there have also been migration changes in these years, probably affecting mostly young and middle-aged adults; the result has been that we are dealing now with a population of increased average age in which mortality of a heavy type must be inevitably expected.

Note (2).—It is of considerable interest to find that in the urban areas there were 518 deaths, of which 323 or 62.4 per cent. were over the age of 65, and that 187 or 36.1 per cent. were over the age of 75. In the rural districts there were 839 deaths, of which 552 or 65.8 per cent. were over the age of 65, and 343 or 40.9 per cent. were over the age of 75.

(3). Infant Mortality.

The rate for the Administrative County of 42.4 per 1,000 live births shows an increase of 4.3 on the figure for last year, but it is again a very great improvement on the rate of 57 for England and Wales.

The following are the rates for Infant Mortality in West Suffolk since 1931:—

1931	52.6	per	1000	live	births.
1932	52.6	„	„	„	„
1933	46.3	„	„	„	„
1934	38.1	„	„	„	„
1935	42.4	„	„	„	„

Note.—It will be noted that there is a slight increase in the figure for this year, but I do not attach much importance to this as the figure in 1934 was exceptional. It will also be noted that the figure for 1935 is a very good one both in comparison with the years 1931, 32, 33 and with the general rate for England and Wales.

(4). Maternal Mortality.

The Maternal Mortality Rate per 1000 total births was 1.4 compared with a rate of 3.9 for England and Wales.

In 1935 there were two maternal deaths, which figure is a decrease of 3 on the figure for last year.

The year's record is an outstanding one, and it is a great tribute to the way in which maternity work is carried out by the practising doctors and midwives in the County. It is to be hoped that this happy result will be maintained in future years.

(5). Zymotic Deaths.

A total of 6 zymotic deaths was returned. A summary of the causes of death is as follows: Encephalitis 3, Diphtheria 2, and Cerebro-spinal Fever 1. The Zymotic Death Rate was .057.

General Provisions of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

(A) INSTITUTIONAL PROVISIONS.

(a) Treatment of General Sick.

In my annual reports since 1931 there will be found detailed information of the policy, arrangements and plans which refer to this question, and consequently it is only necessary for me in this report to add brief notes on what has been accomplished and on what is proposed for the future.

First, I believe that the record of work accomplished by the County Council since it assumed responsibility for these duties is no mean one and that it compares more than favourably with the record of other similarly situated counties.

Second, the general policy adopted in 1931 has been pursued diligently, and improvements of a real lasting type are now apparent.

And third, particular care has been exercised to ensure that whatever improvements are carried out they shall be such that they will usefully be absorbed into the final scheme contemplated by the Authority.

Briefly, the treatment of the general sick is spread over three County Institutions, at Bury St. Edmund's, Newmarket, and Sudbury, and arrangements have been made to give special duties to certain Institutions. In this way there is centred at Newmarket the main maternity provision for the County with subsidiary provisions at Bury St. Edmund's and Sudbury. Again the main Children's Nursery for the County will be maintained at Newmarket. At Kedington the Institution will in the future be maintained chiefly for the care of cases of mental defectives, and this Institution will accordingly pass largely out of the County Scheme for the treatment of the General Sick.

In contemplating these arrangements, I am impressed by the fact that in the future the main duties of these institutions will be to house and to tend the general sick, among whom for ordinary purposes can be classed the aged and infirm. The day of the old "House" quarters is over and the presence of young able-bodied persons in these institutions is now extremely rare except in those cases where mental and not physical defect is the cause of admission.

It is reasonable therefore for me to recommend that for the future the following guiding points should be kept in constant view:—

(1) The adaptation of existing "House" quarters where possible so that these quarters may have the necessary comfort and conveniences required for the care and maintenance of the aged and infirm.

(2) Where this is impossible the scrapping of such "House" quarters and the utilisation of existing hospital quarters for the aged and infirm and the provision of new hospital quarters.

(3) In brief, to aim so that the County Institutions will be in the main hospitals for the treatment of the sick, with attached annexes differing little in the standard of comfort from the hospital quarters for the care of the aged and infirm.

(b) A Note on the County Institutions.

Bury St. Edmund's Institution.

It is well known that much useful work has been accomplished in this institution and the improvements carried out to date have been most satisfactory.

This institution forms a very good example for illustrating the required policy for the future. Here we have a mixture of obsolete and grim "House" quarters alongside a hospital provision of a first-class type. In the main, I do not think that these "House" quarters can ever be reasonably adapted for these old people with whom we have now to deal, and consequently my recommendations are:—

(a) In the future to scrap a large part of the existing House quarters.

(b) To utilise the present female hospital as the main annexe for aged and infirm people.

(c) To build a new female hospital and to have incorporated with it a small maternity and lying-in block.

(d) To centralise the kitchens so that these blocks may be adequately and conveniently served.

In this institution there are great possibilities for development, and here the Council have a nucleus of buildings from which could eventually arise a unit of a first-class type.

Note.—With reference to the diphtheria outbreak during 1935 in this institution, I would say now that there was nothing in the structure or drainage of the buildings which could in any way have had any influence on the outbreak and its occurrence.

I would only add that the conduct and work of the Master and Matron and staff during a most trying and difficult period was exemplary, and undoubtedly the anxieties of the situation were largely reduced by the personal ability and calmness of the Matron.

Newmarket Institution.

By reference to my previous reports it will be seen that this institution has practically completed its alterations and improvements, and the result is highly praiseworthy.

This institution is now largely an example of the policy that I have advocated previously and which I have stressed in this report. It has good hospital wards, and a large part of its old "House" quarters has been converted into excellent annexes for the treatment of the aged and infirm.

The building and equipment of the day and night children's nursery are now practically completed, and this addition will add greatly to the resources of the County.

The installation of electric light in the hospital has been completed and the benefits from this provision are already apparent.

I would remind the Committee that years of hard work have been carried out at Newmarket and that the Institution, as it stands to-day, is a fine testimony to the forethought of the Managing Committee and to the ability of the Master.

Sudbury Institution.

This institution has always presented great difficulties in any attempt to modernise it, but this year the entire institution has been surveyed and a scheme has been approved for its reconstruction.

The female side of Sudbury Institution is generally good, and recent improvements in the female sick wards have wrought a complete transformation in them.

The changes suggested for housing the Staff, including the Master and Matron, have been largely carried out with satisfactory results.

The male hospital wards, however, require improvement, while the male "House" quarters are, to say the least of it, deplorable.

The scheme in hand provides for a general improvement and modernisation of the male side with the object of converting prison-like quarters into annexes with a good standard of reasonable comfort; it also provides for extensive renewals of the boilers and heating system and various other associated matters.

This scheme of improvement is an essential one, and, if the institution is to be carried on at all, it must be undertaken, for much is required to be done to bring the institution into line with even the barest requirements of present-day standards.

Kedington Institution.

As previously reported, the scheme for converting this institution into a Home for Mentally Defective cases has now been accepted and the work of reconstruction proceeds.

During the year all the Public Assistance cases were removed to other institutions, mainly to Newmarket, and this transfer was carried out without difficulty.

In the final arrangement there will be provided 200 beds for mentally defective cases in the converted House quarters and in the old mental blocks of St. Audrey's, together with the old hospital quarters, which, with a reservation for the treatment of intercurrent illness among the mental patients, will be retained for special Public Assistance cases.

Children's Homes.

These Homes have continued to carry out their important work usefully and well, and I do not think there is any call to make any recommendations with regard to them.

The Council are well aware of my advice that wherever it is possible children should be boarded-out in private homes, and it is a real pleasure for me to find that this policy is being steadily increased. By so doing, the Children's Homes will be relieved of any undue pressure in accommodation, and there will be conferred on the children what, after all, is every child's right—a share in ordinary home life as a member of the family. At the same time, I would like the Council to know that I have every confidence and trust in the work so diligently and carefully carried out by the Matrons of the Homes, and I feel that their present administration could not be bettered in any way.

(c) Treatment of Acute Sick (Medical and Surgical).

The arrangements for dealing with these cases have continued unaltered during the present year. There exists between the County Council and the Voluntary Hospitals a full measure of co-operation, and the system has worked smoothly on both sides.

Personally, my Department is much indebted to the Voluntary Hospitals and their staffs for their courteous and never-failing help, and it is most gratifying to me that this pooling of effort has been so successful in this area.

(B) STANDARD DIETARY FOR PUBLIC ASSISTANCE INSTITUTIONS.

This dietary, which is set out in detail in the annual report for 1934, has been continued and I have every reason to believe that it has been successful. Apparently, once established, it has been found to function without difficulty, and it has proved economical, despite the fact that on paper it appeared that it might be much more expensive than the previous dietaries.

More recently the dietaries for the staff have been revised and extended and will be given a trial in the early months of 1936. Personally, I am a great believer in adequate and varied good simple feeding for all the staffs in institutions, and more especially for the nurses. I believe equally that this provision gives not only a fitter staff physically, but also a more contented and happier staff. For people who are working under these conditions there must be provided three good meals per day and, while no extravagance should be permitted, the food should be of the best quality and suitably varied from day to day and through the seasons.

The County Committee have viewed these dietary changes with the greatest sympathy, and they have never hesitated to give effect to any measure which will be to the benefit of both patients and staff. I am sure their wise decisions will be found most beneficial in the course of time.

(C) NURSING SERVICES TO PUBLIC ASSISTANCE INSTITUTIONS.

The arrangements set out in detail in my report for 1934 are in being and it is to be hoped that the scheme will prove successful.

Briefly, the scheme comprises the following points:—(1) improved salary scales and conditions, (2) improved amenities, and (3) a system of training junior nurses, with promotion at the end of three years under appropriate circumstances.

The problem of securing efficient and good class nurses for these institutions is an extremely difficult one; the type of work itself, which is hard and somewhat drab, does not attract young women, and, in addition, it is found that the applicants of to-day prefer to serve in areas with better outside amenities than are to be found in the heart of a rural area. It is to be hoped that this scheme of running, as it were, a "nursery" for each institution will lead to a permanent solution of the present difficulties, but about that I am unable to report as the scheme has not been in existence long enough for any judgment to be made.

(D) POOR LAW MEDICAL OUT-RELIEF AND APPOINTMENT OF DISTRICT MEDICAL OFFICERS.

The arrangements for these appointments have continued practically unchanged in type since the County Council assumed responsibility for them under the terms of the Local Government Act, 1929.

In the past a definite appointment of a District Medical Officer has been made to each district; as I have said, these appointments have been largely continued except in certain instances, where, in anticipation of new procedure being advocated, they have been continued only on a temporary basis.

For some time it has been felt that there were many inequalities throughout this Service, and as such a state of matters is always bad from the administrative and every other point of view, the entire service has been investigated by me during the year.

As a result, it was obvious that the suspected inequalities were actually present and it was equally obvious that a remedy had to be found for them.

In my report to the Committee I said there were two alternative suggestions to be made: (a) that the Service should be maintained on its present lines but that its entire administration should be reviewed in every detail, so that the present anomalies and irregularities may be swept away and so that a proper and equitable basis may be established for all its workings; or (b) that the present service should be replaced by one with an entirely different administrative basis, namely, that of free choice of doctor, with suspension of all new appointments of District Medical Officers. Under this proposal there would be established on the lines of the National Health Insurance Scheme free choice of doctor by all patients and all practising physicians in the area approved for the Poor Law Panel would be available for service under certain conditions.

After consideration, it was felt that the suggestion in (a) should be adopted in the first instance, and after a considerable enquiry a further report was made and, after presentation to the Committee, was considered at the Committee's request by the local division of the British Medical Association. The Committee felt that perhaps the time under which the enquiry was made was scarcely long enough to obtain representative facts, and with this view the local British Medical Association agreed. Consequently the whole matter was postponed pending a further report to be made from the records over a considerably longer period.

II. INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

As previously reported, this provision in West Suffolk is quite inadequate, and serious difficulties are encountered in obtaining institutional care for these cases. On several occasions I have made strong representations to the Joint Committee so that urgent cases could be accommodated, but they have invariably failed simply because there was no accommodation for the cases. One appreciates that any scheme of an over elaborate type should not be entertained for these mental cases, but, nevertheless, it will be generally agreed that some provision must be made in their own interests and in the interests of the general public.

The adoption of the scheme for converting Kedington into an institution for the care of mental defectives will give appreciable relief to the present situation, and I feel sure that this scheme will prove of the greatest benefit to a considerable portion of East Anglia.

III. LABORATORY FACILITIES.

The general arrangements for this service have continued without change during the year, and no special difficulty has been experienced under the present conditions.

The main portion of the work is undertaken by the West Suffolk General Hospital; it has been carried out with great success and on the whole this provision is entirely adequate to meet the needs of the greater part of the County.

In view of the postal and transport difficulties to Bury St. Edmund's, urgent work from the southern portion of the County is sent to either Ipswich or Colchester, while, in addition, bacteriological examinations, including biological tests, of milk samples are carried out at the East Suffolk County Laboratory, Ipswich, and certain blood examinations under the Venereal Diseases Service are undertaken at King's College Hospital, London.

The following is a summary of the work undertaken during the year for the County Council by the West Suffolk General Hospital:—

Throat, nasal, etc., swabs	...	...	...	...	...	826
Cervical swabs and smears	...	...	...	...	...	18
Blood for Wassermann Reaction	...	...	...	...	...	178
Blood for Widal Reaction	...	...	...	...	...	5
Blood for other Serum Reactions	...	...	...	...	...	4
Blood for Complement Fixation Tests	...	...	...	...	...	1
Complete Blood Counts	...	...	...	...	...	5
Sputum for Tubercle Bacillus	...	...	...	...	...	296
Sputum for Organisms	...	...	...	...	...	1
Stools for T.B. or Organisms	...	...	...	...	...	2
Urine for T.B. or Organisms	...	...	...	...	...	5
Hairs for Ringworm	...	...	...	...	...	8

IV. GENERAL HOSPITALS.

The County is served mainly by the West Suffolk General Hospital at Bury St. Edmund's, and, to a lesser extent, by the St. Leonard's Hospital, at Sudbury. There is, in addition, within the County, the Rous Memorial Hospital at Newmarket. The peripheral portions of West Suffolk are served largely by Addenbrooke's Hospital, Cambridge, the Norfolk and Norwich Hospital, Norwich, and the East Suffolk and Ipswich Hospital, Ipswich.

Generally, the area is well served by these hospitals, and, apart from difficulties of transport in cases requiring continued intermediate treatment, little trouble is experienced in dealing with the general medical and surgical sick in the County.

West Suffolk is fortunate that in the West Suffolk General Hospital there are provided equipment and service equal to, and certainly rarely bettered, in general hospitals in any other part of the country. In view of the fact that this Hospital is situated in the centre of a rural district the extent of its equipment is extraordinary, and much credit for this position must be given to its Governing Body and its Staff.

I take the opportunity of repeating my note on the very great need for more extensive provision of private paying cubicles or wards for people who are able financially to pay for treatment, and who wish, very naturally, for a private room or for greater privacy than a general ward can provide. This need is particularly great in West Suffolk, where there are no private Nursing Homes sufficiently equipped to undertake acute surgical cases.

The West Suffolk Hospital Authorities have been well aware of this urgent need and they have now launched an appeal to make this and certain other additions possible in the near future. As one who has some knowledge of conditions in this County, I can without hesitation say that no greater or better service could be rendered to the local people, and the completion of the present Scheme will undoubtedly add materially to the medical and surgical resources of the County.

It is once again my pleasant duty to acknowledge the courteous and valuable help of the Governing Bodies and the Administrative and Clinical Staffs of all the Voluntary Hospitals within and without the Administrative County. Full co-operation has now been established in all the essential services, and the entire system works smoothly and with the maximum service to the public interest.

V. MATERNITY AND NURSING HOMES.

Inspection of all registered Nursing Homes is carried out routinely by the Superintendent Health Visitor and in special cases by a member of the Medical Staff. The general administration of the work is carried out under the provisions contained in the Nursing Homes Registration Act, 1927.

The policy with regard to these matters has remained unchanged; existing homes are regularly inspected, while new applications for registration are most carefully investigated with regard to premises, furnishing, and equipment, and, until the department is satisfied on these points, the certificate of registration is withheld.

The number of Homes registered in the County at the end of December was 11. No new applications for registration were made during the year, while three applications for exemption for registration under the Act were received and granted.

VI. INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No special official arrangements are made for the care of unmarried mothers, except by reception into Public Assistance Institutions. Illegitimate and homeless children can be accommodated in the Children's Homes at Bury St. Edmund's and Sudbury. Both these Homes are of the best description, and keen interest is taken in the welfare of the children. They form an eminently satisfactory provision for children of this type in the County.

In 1936 it is hoped that additional provisions will be made by the County Council for the care of unmarried mothers in approved maternity and training homes.

Undoubtedly much good can come from this work, and it is the only type of provision which really gives these girls another chance in life, and which at the same time looks after the welfare of the babies. I can say definitely that this provision is much preferable to the admission of such girls to a Public Assistance Institution, and its general value in selected cases can be thoroughly recommended.

VII. AMBULANCE FACILITIES.

(a) **For General non-infectious Cases.** Two general motor-ambulances are maintained at Bury St. Edmund's and one at Newmarket by the British Red Cross Society, while another ambulance is provided at Haverhill by a local voluntary association.

The general service is largely carried out by the Red Cross Society ambulances which work without any fixed area and which are available for any reasonable service. The Red Cross ambulances are equipped with all materials required for dealing with accidents, and with emergency illness en route. The County Health Department makes considerable use of these ambulances, and in my experience the service given by them and their personnel have been of the best description and entirely beyond any criticism.

In my last report I pointed out that, with the exception of the Sudbury Area, the County was relatively well covered by the existing ambulance services.

In view of this, I made certain representations during the year in various quarters, in addition to reporting on the question to the County Committee. As a result, an ambulance, to the cost of which the County Public Health Committee made a contribution of £50, has been purchased for Sudbury, and the service is now actually available.

(b) **For infectious cases.** I regret to repeat my note of last year that no motor ambulance for infectious diseases is maintained by any Authority within the County. The only motor ambulances available are hired from outside authorities, while within the County the usual transport is by horse-ambulance.

This state of matters is a serious one; it may be that horse transport is satisfactory for the circumscribed Borough areas but outside these boundaries such transport is hopeless. Many difficulties are experienced in this way, and I do hope that the day of an infectious diseases motor ambulance will not be too long delayed.

This hope is appreciably nearer realisation by the advance which has been made regarding the question of a Central Isolation Hospital for the County. Under this scheme one ambulance would be retained for service in infectious cases in all areas of the County.

Maternity and Child Welfare Service.

Infant Welfare Centres.

The fourteen Infant Welfare Centres maintained by the County Council and staffed by the County Council staff have been continued without change at Bury St. Edmund's, Newmarket, Sudbury, Haverhill, Hadleigh, Glemsford, Long Melford, Exning, Bures, Lakenheath, Waldingfield, Clare, Brandon, and Thurlow.

The general policy governing the work of these clinics shows no change, and particular care is taken to insure that the maximum prominence is given to the preventive and educational side of the work. To establish this point of view and to dismiss the view that these clinics are departments for out-patient treatment, there have been required years of patient work, but I believe all the County Clinics are now being carried on in the full knowledge of their proper functions.

It is interesting to note that in the areas in which clinics are established there is definitely to be found a better appreciation of health requirements, and, generally speaking, the people in these areas have returned abundant proof that the advice and information which has been given to them in this way have been utilised to their advantage in their daily lives.

I am extremely pleased to report that increased attendances have been noted at Sudbury, Haverhill, Brandon, Bures, Clare, Exning, Hadleigh, Long Melford and Thurlow. It is particularly gratifying to find a large increase in the attendance at Haverhill and a steady increase in the attendance at Hadleigh. In my last report I expressed the hope that the work of these two clinics would improve, and it is a pleasure to find a marked renewal of interest in these important areas. The Clinic at Exning is outstanding for its enthusiasm and good work, and its record is indeed a proud one. I am still not satisfied with the Newmarket Clinic, which should return better results than it does at the moment, and I am extremely anxious that an improvement should take place in this area.

Generally speaking, the year's work has been successful, and it is stimulating to find an increased interest in the work. Undoubtedly the scope of these clinics is increasing and the public are gradually understanding the benefits to be obtained from them.

It is well, I think, for the County Council to know that much of the success that attends the work of the various County Clinics results from the very generous and whole-hearted efforts of the ladies on their Committees and of their various voluntary helpers. Without their enthusiasm and support it is impossible to carry out this work efficiently, and my sincere thanks go out to all those who have worked so hard and so willingly for these clinics.

During the year, a total of 3,604 attendances were made by children at these centres; of these, 1,281 attendances were made by children under one year of age, while 2,323 attendances were made by children between the ages of one and five years. The number of children who attended for the first time was 360, including 242 children under the age of one year. An example of the educational work given at these clinics is to be found in the fact that 137 general talks were given by the doctors during the year; with regard to clinical examinations, the record of the year's work shows an increase of 297 individual medical examinations.

Finally, it is of interest to note that the number of children under one year of age who attended centres represented 21.7 per cent. of the notified live births.

Home Visiting and Supervision.

In 1935, a total of 5,334 visits were made to children under one year of age, and of these 1,075 were first visits; to children between the ages of one and five years a total of 15,708 visits were made. The total visits for 1935 were 21,042, which shows an increase of 857 visits on the figure for the previous year.

It is interesting to note the increase in this work since 1933, when 19,062 visits were made; in 1934 the figure was 20,185, and in 1935, 21,042. It will be noted that since 1933 these visits show a total increase of nearly 2,000; a record of expansion in the work which is of considerable merit.

I believe that the improvement in this work has been aided by the new record system maintained in the central office since the beginning of 1935. By this system greater accuracy has been obtained, and there is now a definite check to the work which is carried out by the Health Visitors and the District Nurse Health Visitors. The margin of error which before was considerable has now been reduced to a minimum, and there can now be only a very few cases in which these essential visits are overlooked.

It is a pleasure for me to report that although this work has increased so greatly, it is being carried out in a thoroughly efficient fashion. It has always been my desire that the health visiting should be done, not as an official red taped service, but that the Visitors should do this work as friends and kindly advisers to the mothers and their families. By the excellent co-operation of the Health Visitors, I know that this method forms the foundation of all their activities, and the success of their work is sufficient evidence of its merits.

I repeat my note of last year when I said that in a County like West Suffolk, with a population in the main scattered over wide areas of country, much depends upon the efficient home visiting by Health Visitors, because it is impossible to provide clinics or centres to serve anything like the total population of the area.

It is precisely for this reason that I place so much importance on the need for fully-trained and experienced women doing this particular work. The District Nurse Health Visitors carry out much useful work in this direction, but it is obviously impossible for them to do it as efficiently as County Health Visitors. For one thing, they lack the essential training, and for another their nursing and midwifery duties are usually so heavy that they can have little energy left for their health visiting. It is obvious that health visiting which is carried out as a side-line can never be so efficient as health visiting carried out as main and essential work, and that is precisely the reason why District Nurse Health Visitors can never adequately replace trained and qualified County Health Visitors.

I would remind the Committee again that efficient health visiting is not easy of accomplishment and that to carry it out properly there is required, apart, from tact and common-sense, wide knowledge and training on health matters; it is essential in a County such as this to have a strong nucleus of trained Health Visitors if this most important work is to render adequate and proper service. I have the greatest respect for the work of the District Nurses as such, and they certainly do their best as part-time Health Visitors, but their work cannot stand comparison to that returned by the trained County Health Visitors.

Ante-Natal Services.

In the year 1935 this work was continued as previously, and it was carried out by the general medical practitioners in their private capacities and by the County midwives under the supervision of the Inspector of Midwives.

By reference to my previous reports it will be noted that for several years I have been anxious about the efficiency of the existing arrangements, and from time to time I have expressed the hope that improved arrangements might be adopted.

Late in 1935 it was agreed that a County Ante-Natal Scheme should be provided and that this Scheme should function through the general practitioners in the County and on its immediate borders. The scheme is designed to serve the needs of uninsured women who do not normally engage doctors for their confinements and who normally receive all their maternity care from midwives. Provision is made in the scheme (a) for linking-up the work of the doctors and midwives, (b) for securing that the doctor who carries out the ante-natal examination shall be the doctor called to the actual confinement in case of need, and (c) for subsequent examinations to be made by the doctor after report to the County Medical Officer. The scheme as outlined will come into force as from January 1st, 1936.

This extension of the service is to be welcomed, for no matter how diligent the midwives are (and there is no question of their diligence), there are many factors in this work with which they are unable to cope and which require the services of a fully trained practitioner. The scheme has secured the approval of the local practitioners, and I believe that by its inception an important gain to the efficiency of the County's Maternity and Child Welfare Service has been secured.

Infectious Diseases of Special Nature.

(a) **General.** Two cases of puerperal fever and ten cases of puerperal pyrexia were notified in 1935. All these cases were investigated, and enquiry was made to ascertain that the necessary treatment had been secured.

(b) **Ophthalmia Neonatorum.** One case of ophthalmia neonatorum was notified in the County during 1935. The vision in this case was unimpaired.

Administration of the Children Act.

The County Health Visitors make routine quarterly visits to all children registered under this Act. Additional and special visits are made when required, and, if necessary, in unsatisfactory cases, a Medical Officer makes a visit. Strict attention is given, not only to the personal health of the children, but also to the suitability of their environmental conditions, and each report is seen by me as a routine procedure.

The work has proceeded without incident and without difficulty. In my opinion, children who are under this Act in Suffolk are well cared for, and on the whole the foster parents show exemplary behaviour. It is necessary, however, to maintain an extremely vigilant watch on this work so that the few unscrupulous and callous foster parents, who must arise from time to time, are kept in check and so that innocent and unprotected children are safeguarded from hardship and suffering.

The statistical details of the year's work are given in the following table:—

Number of Cases on Register, 1-1-35	...	...	...	159
„ of New cases	...	...	...	71
„ returned to parents	...	...	...	4
„ adopted	...	...	...	—
„ died	...	...	...	2 (1 in previous year)
„ who attained 9 years of age	...	...	...	25
„ left county	...	...	...	48
„ transferred to Public Assistance Institutions	...	...	...	—
„ of cases on Register, 31-12-35	...	...	...	151
„ of unsatisfactory cases	...	...	...	—

Nursing in the Home.

(a) **General.** The general nursing services in West Suffolk are undertaken by the County Nursing Association in conjunction with the County Council.

In recent years there has been a steady growth in this excellent work, and undoubtedly its progress has been one of the most valuable public health extensions in recent years.

The policy of extending districts and providing motor transport for the nurse has been extended with very good results.

At the end of the year only 4,840 of the County's population was left outside either an existing or a proposed Nursing District, and when it is remembered that in this County there is a wide area with a scattered population the greatness of the work achieved can be appreciated.

Much of the credit for these extensions in recent years can be attributed to the sympathetic and practical help which the County Maternity and Child Welfare Committee has extended to the West Suffolk Committee of the County Nursing Association. The helpful co-operation in existence has contributed largely to these most satisfactory results and it has enabled the fine work of the County Superintendent to receive its due reward by the growth and extension of the service.

The voluntary efforts that have made these various District Nursing Associations possible during a long series of years have been, and are, most commendable, but it may be that in the future the administration of this work might be altered to relieve voluntary bodies whose financial responsibilities are frequently great and very burdensome. In the meantime there is no urgent call for reorganisation, but I believe that as time goes on the entire service will have to be placed on a more uniform system, more especially from the financial point of view.

For the work of the District Nurses I have nothing but the highest praise; the public is indebted to these great hearted women, not only for skilled service, but for much personal kindness and help. They do their work excellently, and it is on extremely rare occasions that I ever have to criticise any single item of their difficult duties.

(b) **Tuberculosis.** Under the direction of the County Medical Officer, arrangements are made in special cases of tuberculosis for home nursing to be carried out by district nurses.

(c) **Infectious Diseases.** No arrangements are made by the County Council for the nursing of cases of infectious diseases in the homes of the patients, although in special circumstances, cases of ophthalmia neonatorum may be so treated by the direction of the County Medical Officer.

(d) **West Suffolk Branch of the Suffolk Nursing Association.** I append a short note taken from the Annual Report of the Association so that an idea may be obtained of the year's work in the West Suffolk Area.

"Pupils in Training. There is one pupil in training at the Ipswich Nurses' Home. One pupil obtained the C.M.B. Certificate during the year and has been placed on a district.

Nursing Staff. There are 50 nurses working for District Nursing Associations in West Suffolk. Ten have resigned for the following reasons: Other work, 5; retired, 2; domestic reasons, 1; ill-health, 1; marriage, 1.

Emergency Nurse. This post is now held by Nurse H. Fiske, who is kept fully employed.

Re-organisation of Districts.

Kedington. Following a meeting at Hundon early in January, when it was learnt that the people there were anxious to have the services of a district nurse, the Committee of the above Association was asked to consider the possibility of including Hundon in their district. This they have consented to do, and are providing the nurse with a car and the telephone to enable her to do the extra work.

Stanton and Coney Weston. Owing to the difficulty of raising sufficient money to support separate Nursing Associations, these two districts have combined and are now running with one nurse and the use of a car and the telephone.

Horringer and Nowton. These districts have also amalgamated and are being worked by one nurse who has been provided with the use of a car and the telephone.

Lavenham. On receiving notice of Nurse Coleby's intended retirement, the Committee were asked to consider the possibility of extending their district to include the neighbouring villages of Monks Eleigh, Brent Eleigh, and Preston. This they were prepared to do if the villages could raise sufficient money to pay for the additional expense of a car and telephone for the nurse. Meetings have been held in all three villages and it was found that the people were very keen to have the services of a nurse.

In each of the above districts the new scheme is to be started on April 1st, 1935.

Mildenhall and District. Work was re-started in August, 1934, in this district, which has amalgamated with the Barton Mills District Nursing Association. Two full-time nurses are employed with the use of a car each, and one part-time nurse is working in West Row. The two full-time nurses have been supplied with the telephone, and the district comprises the villages of Mildenhall, High Town, West Row, Beck Row, Holywell Row, Burnt Fen, Kenny Hill, Sedge Fen, Barton Mills, Freckenham, Worlington, Tuddenham and Herringwell.

Wickhambrook and Stradishall. The amalgamation of these two districts which was tried for an experimental year has proved successful and is to be continued.

Culford. Owing to the disposal of the estate, work has been suspended in this unaffiliated district.

Motor Transport. There are 19 cars now being used by district nurses in the County.

Health Visiting. This work is done by the nurses in their own districts except in Bury St. Edmund's, Eriswell, and Walsham-le-Willows. Where no nurse is employed the work is done by the County Council Health Visitors.

Welfare Centres. There are 14 of these centres in the County, all of which are attended by a County Council Doctor and Health Visitor and, if her work permits, by the District Nurse.

Midwives' Association. This Association continues to be well-supported by the nurses, and it is gratifying to note that every nurse within a reasonable distance of Bury St. Edmund's is now a member.

Post-Graduate Course for Nurses. Arrangements have been made to provide post-graduate tuition for certain nurses in the County. In order that the districts shall not be put to any expense or inconvenience, an extra nurse has been engaged for a year. This nurse is sent for a month to each district where the permanent nurse is taking the refresher course at the York Road Lying-in Hospital, London. The scheme has been received with great enthusiasm by the nurses and their Committees."

Midwives.

Midwifery Service.

This service is carried out by the West Suffolk Nursing Association in conjunction with the County Council.

The general financial arrangements previously in force have been continued during the year.

Inspection of Midwives.

The work of inspection is carried out by the County Superintendent Health Visitor, who pays routine visits to all midwives practising in the Administrative County. During the year 205 visits of inspection were made, and the Inspector reports that she continues to be satisfied with the general standard of the work of the County Midwives.

I consider that the West Suffolk midwives have made for themselves an enviable reputation for careful and efficient work undertaken very often under difficult and trying circumstances. The general public owe a debt of gratitude to these women who give devoted and efficient service in their interests, and their value to the County is not forgotten by the Health Department.

Statistical Particulars of the Year's Work.

The number of midwives practising at the end of the year in the area served by the Council was 78. In 1935 the midwives attended by themselves 695 cases, while in 438 cases they acted as Maternity Nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of 220 cases, which represents a percentage of 31.65. In 192 of these cases medical help was sought in respect of the mother, and the chief conditions necessitating the help were Ruptured Perineum, Delayed Labour, Threatened Abortion and Miscarriage, Rise of Temperature, Abnormal Presentation, and Albuminuria.

In 28 cases, medical help was sought for the baby in respect of chiefly Dangerous Feebleness, and Inflammation of the Eyes.

Ante-Natal Work by Midwives.

I have referred previously to the institution of the County Ante-Natal Scheme, and I hope that this scheme will relieve the Midwives of responsibility which was such that it should never have been carried by them without help. The new scheme, however, does not relieve the midwives of routine ante-natal care and supervision, and these must be carried out as previously.

Education Facilities for Midwives.

These arrangements have continued during the year, and at regular intervals lectures have been given in subjects pertaining to their work. In addition, post-graduate tuition has been provided at the York Road Lying-in Hospital, London, and arrangements have been made to release certain nurses in rotation to take this refresher course. The West Suffolk Executive Committee and the County Superintendent are to be congratulated on this policy, which it is my pleasure to commend and to endorse in every way.

County Tuberculosis Service.

(a) General Statistical Facts.

New cases of pulmonary tuberculosis notified during 1935 numbered eighty-three, which figure is a decrease of eight on the corresponding figure in 1934. The new cases of non-pulmonary tuberculosis notified during the year numbered twenty-two, which shows a decrease of fifteen on the figure for the previous year.

During the year a total of 66 deaths was recorded, 58 being pulmonary cases and 8 being non-pulmonary cases. In the previous year the total deaths were 72, comprising 56 pulmonary cases and 16 non-pulmonary cases.

The Death Rate from tuberculosis in 1935 was .63, the corresponding figure in 1934 being .69.

The number of notified cases on the Register at the end of the year was 449, and of this number 149 were insured persons. The number on the Register shows a decrease of 31 on the figure for the last year.

During the year 34 admissions were made to the West Suffolk Sanatorium, and, over the same period, 31 cases were discharged from the Sanatorium. The total number of in-patient days was 5,738.

In addition, 25 pulmonary cases were admitted to other institutions approved for the treatment of tuberculosis, while under similar auspices 8 non-pulmonary cases were admitted.

Again, 15 pulmonary cases and one non-pulmonary case were admitted to the special departments of the Public Assistance Institutions during 1935.

In the course of the year 68 X-Ray examinations and 296 sputum tests were carried out.

The County Medical Staff made 820 home visits to cases of tuberculosis, and in addition, 61 dispensary consultations were given. Personal and other consultations between the tuberculosis officers and medical practitioners numbered 184. In addition, the County health visitors carried out 1167 home visits of supervision to cases of tuberculosis.

I submit herewith a Table of new cases reported in 1935, together with a summary of the total deaths from tuberculosis in the area during the year.

TUBERCULOSIS.
NEW CASES AND DEATHS DURING 1935.

New Cases.					Deaths.				
Age Periods.	Pulmonary.		Non-Pulmonary.		Age Periods.	Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.		M.	F.	M.	F.
0	—	—	—	—	0	—	—	1	—
1	1	—	2	2	1	—	—	1	—
5	—	2	2	1	2	1	—	—	1
10	2	2	—	3	5	1	—	—	1
15	4	6	2	1	15	5	6	—	—
20	1	7	—	—	25	3	9	1	—
25	9	18	2	—	35	7	6	1	1
35	9	6	1	1	45	8	4	1	—
45	5	6	2	2	55	3	2	—	—
55	3	2	1	—	65	3	—	—	—
65 and upwards	—	—	—	—	75	—	—	—	—
Totals	34	49	12	10	Totals ...	31	27	5	3

(b) Note on Notifications.

This year, as in 1934, the heaviest notifications of pulmonary tuberculosis in men is between the age periods of 25 and 45.

In women, according to this year's Table, the main notification figure is at the age period 25, when no fewer than eighteen of the forty-nine pulmonary notifications were registered. The age periods 15 and 20 are about the same as last year, while there is a considerable drop in the notifications at the age period of 35.

Generally the late notification rate for men in the middle forties is not so marked as last year, but the figure for women at the age period of 25 is a striking one. The total notifications of pulmonary tuberculosis in both men and women show slight decreases on the figures for the previous year.

In the non-pulmonary notifications the figure has declined fifty per cent. in males, and there is also a decrease in the figures for females. In 1935 there was a reduction in the total non-pulmonary cases from 37 to 22, which can be regarded as very satisfactory.

(c) Note on Deaths during 1935.

The pulmonary male and female deaths both show an increase of one on the figures of the previous year.

The non-pulmonary deaths show in both males and females a decrease of four.

In the female pulmonary table of deaths during the year it will be noticed that there is a heavy mortality between the age periods of 15 and 35 when no fewer than 21 deaths out of the total of 27 occurred.

In the male pulmonary table of deaths the greatest mortality is in the age group 45, and this is followed closely by the age group 35.

The distribution of these deaths is no new thing, but it shows very clearly how the disease of tuberculosis levies its toll at the most useful and promising periods of life.

(d) Note on the County Sanatorium.

There were certain alterations carried out at the Sanatorium during the year, including the provision of glass balconies in both the male and female wards, and this provision, apart from the marked improvement to the institution's structure, enabled extra beds to be used. In addition, the institution was used continuously throughout the year, there being no serious closures for re-decoration.

As a result, the number of patients treated in the institution was greater, and the total patient days increased by no fewer than 1659 days.

The increased work involved by this extension in the activities was at times a heavy strain on the Staff, but the Matron and her Assistant Nurses came through a trying period in excellent fashion.

In general, the Sanatorium has continued its three main functions: (1) to treat early cases, (2) to act as an observation and drafting centre for special cases which may be transferred elsewhere as occasion arises, and (3) to treat intermediate cases.

I have to bring to your notice the work of the Matron and the Staff and I commend strongly their devoted and efficient service.

(e) Note on the Service.

The clinical service has been maintained unaltered, with domiciliary visiting as the main basis for its work. It is impossible, in view of transport and other similar difficulties, to maintain an efficient dispensary service, and such work is restricted to the Dispensary at Bury St. Edmund's.

Considerable and extended use has been made of X-Ray examinations, and these examinations increased from 51 in 1934 to 68 in 1935. Sputum tests to the number of 296 were carried out in respect of cases in the area.

Close clinical supervision is maintained of all notified cases, and the Medical Officers are also available for consultation in all cases of doubtful diagnosis. Generally, the Service has worked in complete harmony with the medical practitioners and hospitals of the area, and much good work has been accomplished in consultation and in co-operation with the practising medical men and the hospitals.

The examination of contacts has been continued and the work has been most successful in regard to children. The adult contact examinations is a matter of difficulty and, as in previous years, the work done among adults is disappointing. There is a very great satisfaction in recording, however, that 380 children were examined and supervised in this way during the year.

Venereal Diseases.

The main provision for the treatment of these diseases is at the County Clinic in Westgate Street, Bury St. Edmund's. West Suffolk cases are also treated at Cambridge and at Ipswich in association with the Voluntary Hospitals in these towns.

The provision in Bury St. Edmund's has many deficiencies, and, owing to difficulties in accommodating the various County clinics, I have restricted, as reported last year, the Venereal Diseases Clinic to one session per week, and, accordingly, it has been held weekly on Wednesday mornings.

In 1935, the total number of cases treated by the County Venereal Diseases Officer (Dr. Lisney) was 54, and of these 17 were new cases seen for the first time during the year. In addition, 14 cases were treated at outside centres. There were, therefore, 31 new West Suffolk cases in 1935.

The diagnosis returned in respect of the 31 new cases was: Syphilis 9, Gonorrhœa 8, and other conditions 14. The number of doses of arsenobenzene compounds given was: Bury St. Edmund's nil, Cambridge 22, and Ipswich 3. The number of in-patient days returned for West Suffolk cases was: Ipswich 64.

During the year 42 specimens were sent to approved laboratories for examination; 37 of these were blood specimens for Wassermann test.

The number of attendances at Bury St. Edmund's were 554, Cambridge 92, Ipswich 46.

General Note on the Service.

The work of the Service has been continued on the same general lines as in former years, and particular attention has been given to the treatment of the congenital type of the disease. The detection of congenital cases has been largely obtained through the Maternity and Child Welfare Service, the School Medical Service, and through the work of the County Health Visitors. Considerable efforts have been made to insure that the attendance of the mothers and children should be regular, and these efforts have largely succeeded. In 1935, seven families were in attendance at the clinic, and the numbers in each of the seven families were 3, 3, 2, 4, 2, 2, 6.

The incidence of acute disease continues to be low in West Suffolk and, as I have previously said, the main work of the clinic is devoted to the treatment of congenital disease.

In a limited way, the clinic has facilities for treating the acute phases of these diseases and, when necessary, such cases are drafted to either Cambridge or Ipswich. The in-patient treatment that may be necessary is also provided in these centres.

Sanitary Circumstances of the Area.

(1) Water Supply.

This question has been one of a very serious moment in recent years, but fortunately in 1935 the position had considerably improved.

Advantage has been taken in several areas of the Rural Water Supplies Act, 1934, and it is to be hoped that as a result of these measures the position will never again become so desperate as it has been in the recent years of drought.

The essential difficulty regarding water in this area is not so much that of finding it but of harnessing the source and in distributing the supply. Generally speaking, in rural areas piped supplies are out of the question because of the expense of laying and maintaining long pipe lines, which very probably for long distances in their course have few or no houses to supply. In the areas where there is an aggregation of the population—in the small towns and in the large villages—a piped water supply is of course the ideal scheme, and undoubtedly the provision of such a supply will add greatly to the value of the properties and to the attractiveness of the town or village. In the rural areas I believe that the only method of value is to sink deep bores fitted with pumps, so that both a constant and a pure supply can be maintained.

During the year the County Council has examined a number of water schemes, and the Council has actually sanctioned payments in several cases, while other schemes are scheduled for payment at a later date.

I give herewith extracts of special interest relating to water supplies from the Returns of the District Medical Officers:—

BOROUGH AND URBAN DISTRICTS.

Bury St. Edmund's.—Water mains extended 929 yards on outskirts of Borough, including parts added to Borough. Quality and quantity satisfactory in every respect.

Hadleigh.—The town has a piped supply from a deep borehole. A second deep borehole existing at some old Brewery Premises was acquired during the year and a new electric motor and pump and pump house erected. The capacity of the two pumps is approximately 8,500 gallons per hour.

All the houses are not yet connected to the water mains, and houses not yet connected draw their supplies either from private wells, deep boreholes in the streets with hand-pumps, or from stand-pipes connected to the water mains.

47 additional houses were connected to the town supply during the year.

Piped water supply satisfactory except for iron in solution. There has been an improvement in this respect as the new bore-hole yields water with considerably less iron in solution.

Haverhill.—The supply is obtained from the chalk. A well 103 feet deep with 2 headings, running North and South, and 2 boreholes, one to a depth of 250 feet and the other 350 feet. The supply is ample and the mains reach all dwellings except a few isolated houses.

Newmarket.—The water supply throughout the Urban District (with the exception of a few private wells) is controlled by the Newmarket Waterworks Company. The water is obtained from boreholes sunk in the chalk at Southfield's Farm, Newmarket. From the borehole it is pumped to a storage reservoir, and from there gravitates into the Company's Mains.

The two boreholes have been increased in depth by a further 20 feet and lined with cast-iron tubing.

The supply has been satisfactory both in quality and quantity.

Sudbury.—No important extension. Quality and quantity good.

RURAL DISTRICTS.

Clare.—Considered that supplies require augmenting in certain parishes, viz., Great Bradley, Kedington, Great Wratting, Cowlinge, Poslingford, Stansfield and Wickhambrook. Situation met by sinking 8 wells, one in each parish, but 2 at Wickhambrook.

28 samples for analysis were taken from wells and all were satisfactory.

Cosford.—Hitcham and Whatfield have piped supplies drawn from artesian wells by power pumps, the supplies having been constant and satisfactory throughout the period under review, and having sufficed to meet the increased demands during the drought conditions prevalent in the summer.

It is satisfactory to note that in consequence of the Council providing several new sources of supply (with the aid of assistance under the Rural Water Supplies Act, 1934), notably in the parishes of Aldham, Kettlebaston, Preston, Kersey and Milden, emergency carting of water during periods of drought was considerably reduced and, when the contemplated schemes for the parishes of Nedging-with-Naughton, Bildeston, Brettenham, part of Cockfield, Lavenham, Boxford, and Kersey Tye are completed, there is reason to hope that future sustained periods of dry weather will not render emergency arrangements necessary. Parishes not mentioned above already have adequate sources of supply so far as can be ascertained.

26 samples for analysis were taken from wells, of which 5 were unsatisfactory. 2 samples taken from the pipe supply gave a satisfactory result in each case. 27 wells were repaired.

Melford.—Private wells only, except in Glemsford and in Nayland and Little Waldingfield, where there is a piped supply to stand-pipes in streets. Nayland supply at the moment is scanty, due to corroded pipes. This is receiving attention. Glemsford supply, plentiful, quality fair. The question of a public supply for the whole area has been under consideration during the year, but a conclusion is not yet reached. The supply in Little Waldingfield is new and is to stand-pipes in street.

41 samples for analysis were taken from wells, and 3 wells were closed and 14 repaired. 2 samples were taken from the pipe supply with satisfactory results in each case.

Mildenhall.—Public piped supply at Brandon. Piped supplies at Elveden, Higham, Santon Downham, provided by owners of villages concerned. Public piped schemes are under consideration for the parishes of Mildenhall, Lakenheath, Kentford, Moulton, Gazeley and Dalham, and will shortly be submitted to the Minister of Health. A piped supply is proposed for Sedge Fen from the existing pumping station of the Ely R.D.C.

The Public Water Supply service at Brandon has been satisfactory in regard to quality and quantity.

11 samples for analysis have been taken from wells, of which 8 were unsatisfactory. 1 well was closed and 1 repaired.

Thedwastre.—For a period of two months from September last water was carted to groups of cottages at Quaker's Lane, Beyton, and Chapel Lane, Drinkstone. A well is at the present time being sunk to supply the latter, and the former will shortly be the subject of a Ministry Inquiry. Dug or bored wells are being sunk at the following parishes: Badwell Ash, Hunston, Wattisfield, Gedding, Rattlesden, Felsham, Walsham-le-Willows. Langham has been presented with a well by Mr. Anderson, of Langham Hall. Cottages at Great Ashfield were without a supply, the Council erected a pair of cottages near by and allowed the use of the new well to the tenants.

33 samples for analysis were taken from wells, of which 15 were unsatisfactory. 6 wells were repaired.

Thingoe.—The position of shortage has been improved by rainfall; however, schemes for supplying water are being put in hand for the Parishes of Barrow, part of Denham, Stanningfield, Bradfield Combust, Great Whelnetham, Hargrave, Fornham All Saints and Ixworth. Rede and Brockley are now supplied by water from a Ram and deep bore respectively.

In Great Barton Scheme, a few houses have taken advantage of a County Council piped supply of water.

31 samples for analysis have been taken from wells, of which 20 were unsatisfactory. 3 wells have been repaired.

(2) Rivers and Streams.

The remarks which I have made in my reports for 1931 and 1932 are still applicable to the position in this County.

Many streams and ditches in the County are grossly polluted by very frequently untreated or only half-treated sewage and drainage, and it is somewhat surprising that complaints of nuisance are not greater in number. In the absence of proper sewerage schemes it is inevitable that these conditions will go on, but as I have said previously, a day of reckoning must equally inevitably arrive, and I believe that day is not very far distant.

Frequent trouble has been experienced on the River Stour in and around the neighbourhood of Bures, where undoubtedly pollution of a serious degree has occurred and continues to occur.

Although it is no real defence, it is said that no nuisance would occur if the drains were carried well into the bed of the stream and if the river level were maintained by the proper use of mill-gates. I agree that this would largely reduce the occurrence of nuisance, but it would not affect in any way the fact that gross pollution is entering the river. The whole question is one of very considerable difficulty, and I am afraid the position's precariousness will be increased in the immediate future.

I have received no local complaints with regard to the River Lark and pollution from trade effluents in the neighbourhood of Bury St. Edmund's.

(3) Drainage and Sewerage.

In Bury St. Edmund's the soil sewers have been extended 1,150 yards and the surface water sewers 358 yards.

In Hadleigh, 32 further connections to the sewer, representing 57 houses, 1 school, 1 hospital, 1 factory, and other business premises, have been made.

The Newmarket Sewage Disposal Works are reported to be adequate for dealing satisfactorily with the sewage of the district. By an agreement between the Urban District and the Rural District Council of Newmarket, a 9 inch sewer draining 47 houses situated in the Rural District area has been connected to the Urban District Sewer. The closet accommodation in the town is reported to be satisfactory.

In Sudbury no extension has been carried out during the year, but an extension which will do away with the majority of cesspools is under consideration.

In Clare it is proposed to lay 360 yards of 9 inch sewer.

In Haverhill a portion of the main outfall sewer was taken up and a new 18 inch sewer laid. Improvements have been made to existing settling tanks, and 2 contact filter beds have been converted into a percolating filter 62ft. 6ins. in diameter.

(4) General Note.

Details of other sanitary matters and of the general sanitary inspection in the County will be found in the Reports of the District Medical Officers, and I do not propose to comment on them here.

Housing Conditions in West Suffolk.

I give herewith certain extracts from the returns of the District Medical Officers of Health:—

Bury St. Edmund's. The Overcrowding Survey under the Housing Act, 1935, was in progress at the end of the year. There is still a shortage of houses suitable for the working classes. Further housing schemes will be considered when the requirements necessary to abate overcrowding are ascertained.

8 Clearance Orders (44 houses) were confirmed by the Ministry of Health, and of these 39 have been demolished. Demolition Orders for 12 houses were also made.

Hadleigh. There are many old houses in the district. 2 clearance areas are practically completed. 12 new houses have been erected to rehouse 58 persons displaced, and the demolition of 18 houses and one other building is nearly completed.

The 5 year programme is in hand (in addition to the two clearance areas) which deals with individual unfit houses, and it is proposed to deal with these houses at one time, and all owners have been invited to meet the Council, and most of them have already done so. All the Statutory notices have been served informing the owners that demolition orders are being considered and one demolition order already made.

Undertakings have been accepted not to relet in some cases and in other cases demolition has commenced.

Haverhill. The general condition of Housing in the area is satisfactory both as regards conditions and state of repair. The preliminary survey under the Overcrowding Act showed that the amount of overcrowding is small.

Newmarket. The present state of working class houses in the District may be regarded as satisfactory, but the results of the survey carried out in 1933 show that there are a number of defective and overcrowded dwellings. However, work in connection with Housing Act, 1930, is proceeding and, when completed, considerable improvement will have been effected.

During the year the Ministry of Health sanctioned Clearance Orders in respect of five areas situated in the Exning District, and the work in connection with the provision (by the Council) of 24 New Houses is well advanced.

The areas in Newmarket which have been Scheduled as "Clearance Areas," and the preliminary survey to ascertain the number of houses which are overcrowded (Housing Act, 1935), are proceeding at the present time.

The Council are negotiating for a piece of land on the Exning Road, sufficient for the erection of 30 new houses.

The Council's Housing Scheme at Malting Yard, Exning, was commenced in August last, and the 24 new houses should be completed in April, 1936.

Sudbury. Houses under demolition orders made under Slum Clearance are mostly demolished, but there is some difficulty in getting some of the owners to move. There are still some of low standard, and when the houses which it is proposed to build are built these will have to be dealt with. The area has been inspected under the Housing Act of 1935, but the number of houses to be built is not yet settled. Application has been made to the Ministry of Health for sanction to adopt Bye-Law 13 for securing the improvement of housing conditions.

Proposed scheme.—20 bungalows for aged persons.

Cosford. The Council are taking an active interest in regard to the housing conditions of the Area and, in the year 1935, thirty-two insanitary houses have been dealt with. It should be noted that the Council are dealing with insanitary houses in a progressive manner rather than by means of a fixed programme spread over a term of years, and, at the time of writing, a specially appointed official is engaged in carrying out an inspection of all suspected insanitary dwellings in the district.

The overcrowding survey under the Act of 1935 has been completed, the Council having caused the survey to be a comprehensive one, involving the measurement of every habitable room of all working class dwellings in the District.

Proposals for the abatement of overcrowding have been deferred until the aforementioned inspection of insanitary houses is completed.

The plight of this Rural District as regards the provision of sufficient dwellings to house persons of the working classes is deemed worthy of emphasis. There is a marked tendency for working class dwellings to be purchased by private individuals, resident in London and other cities and towns, for conversion into "week-end" residences, with a result that as working class dwellings become vacant they are immediately purchased and converted for such purpose. Consequently, the number of houses available to the working classes becomes less, and, while it is the duty of the local authority to provide houses for these persons, the low rents at which cottages must be let, especially to agricultural workers, prevents the Council from erecting such dwellings without involving rate contributions very considerably in excess of that contemplated by any of the several Housing Acts. It is hardly necessary to add that private enterprise is practically non-existent so far as the provision of cottages is concerned.

Melford. The Housing in the Rural Areas is in many cases of a low standard.

Number of houses declared unfit during the year, 9.

Number of houses inspected in which repairs were required, 44.

The joint Housing and Sanitary Committee made a survey of the area during the year and a number of houses are being reconditioned and repaired.

Mildenhall. There appear to be a large number of defective dwellings in the district, particularly bordering the Fens. A survey of the district under the Housing Act, 1935, is now being carried out.

It is proposed to erect houses as follows for Slum Clearance and re-housing purposes, all of which have been approved by the Minister of Health:—Lakenheath 34, Barton Mills 6, West Row 4.

In addition, it has been decided to erect 30 houses per annum for the next five years for re-housing persons from unfit houses.

Thedwastre. I have for some years been aware of sixty cases (approximately) of overcrowding, and estimate that this number of houses must be erected to abate the overcrowding as defined by the Housing Act, 1935. In addition to the 28 houses condemned in 1934, 14 further houses have been condemned. There are, scattered throughout the district, many houses which must in course of time be condemned.

The provision of houses under the 1935 Act will meet the requirements of most villages; at Elmswell, however, there are many employees of the bacon factory who live out of the village and who would be glad to live at Elmswell. There are only three cases of overcrowding in the village.

Twenty houses have been erected under the Housing Act, 1930, during the year, and since the thirty-first December six others have been completed; by the end of June six more can be added.

Thingoe. Slum clearance, overcrowding and defective properties have been seriously tackled. 6 houses are included for demolition in Great Whelnetham; a scheme of 8 houses is formed, 6 for replacement and 2 for overcrowding in the hamlet of Sicklesmere, for the two Whelnethams. During the year 61 new working class dwellings were erected by this Authority.

General Note.

It will be observed from these extracts that considerable activity has taken place in the various areas as a result of the survey required under the Housing Act, 1935.

I commend for attention the remarks which appear under the extract from Cosford, and I congratulate this Rural District on the very able way in which their housing matters have been tackled.

The Housing Act, 1935, imposed considerable duties on the various Sanitary Authorities and it is to be hoped that, as a result of the survey and the action taken thereafter, the housing problems in the County will be sorted out and settled in the near future.

Inspection and Supervision of Food.

(1) Milk Supply.

In the last year considerable progress has been made in improving the milk supplies of the County generally and, in my opinion, there is reason for considerable satisfaction in the present position.

In West Suffolk every effort has been made to help the producers to provide clean milk and I think I can say that the work has been tackled in a commonsense way and with a complete freedom from the irritations of red-tape control.

I have always felt that it was much the best way to interest producers in all measures affecting the cleanliness of milk and to stimulate their personal enthusiasm rather than to thrash them continually with rules, regulations and penalties. That procedure has been fully justified, and I have been given the greatest help in this clean milk campaign by the producers themselves, not because they must, but because they so desire it.

I am convinced that the general standard of milk in this County has improved out of all recognition in these last two years, and undoubtedly the schemes of the Milk Marketing Board have given a great impetus to the work of the Authority in this area.

I state again the requirements which I have urged in West Suffolk for clean milk production. These are (1) reasonable premises, (2) reasonable equipment, (3) absolute cleanliness throughout, and (4) strict supervision by the producer or a capable deputy.

The conditions and requirements under which Grade "A" milk licenses are given in this County are as follows:—

(a) The Clerk of the Council on receipt of an application forwards the same to the Chief Agricultural Officer.

(b) On receipt of the application the Chief Agricultural Officer obtains the following:—

(i) Certificate of the County Veterinary Officer.

(ii) Signed statement by the applicant as to whether any animal in his herd has at any time been tested with tuberculin and has re-acted to the test.

(iii) Report of the Agricultural Organiser.

(c) The Chief Agricultural Officer forwards to the County Medical Officer of Health the application with the Certificate, Report, etc., referred to in (b).

(d) The County Medical Officer of Health, after obtaining the observations of the Sanitary Inspector as regards cow-sheds, etc., forwards to the Clerk of the Council the application, and other relevant documents, with a recommendation as to whether or not a Licence should be issued.

(e) The Clerk of the County Council, upon the recommendation of the County Medical Officer of Health, issues the requisite Licence and collects the fee.

(f) This Licence continues in force for the statutory period fixed by the Milk (Special Designations) Order, 1923, and is not revoked unless at any time the producer fails to comply with the conditions laid down by the County Council from time to time.

The District Councils are asked to make co-operation with the County Council as effective as possible and to instruct their Sanitary Inspectors to give every assistance in the matter to ensure the fullest co-ordination of the respective functions of the District Councils and the County Council.

These regulations allow for full co-operation between the County Council's staff and those of the District Council's and they have worked smoothly since their inception.

In all Grade "A" work it has been directed that for all herds above 12 cows in milk steam under pressure sterilisers should be used, while in the case of herds with fewer than 12 cows in milk it would be sufficient to provide a steriliser of the box type to fit over a copper.

In 1935 the following statistics were recorded in regard to Grade "A" milk licenses:—

148 applications for Grade "A" licenses were received.

135 cases were recommended for license, 13 were recommended for refusal.

132 licenses were issued during the year (2 producers did not persist in their applications, and 1 license was issued in January, 1936).

12 licenses were withdrawn, but all were subsequently renewed. 1 Producer left the County. 9 "Bottling" licenses were recommended.

(2) Veterinary Inspection of Cattle.

Mr. Mitton, the Veterinary Inspector for this area, has supplied me with the following information regarding his work:—

Total number of Cows Examined 20,275.

Total number of Cows taken for Tuberculosis 78.

Total number of Cows removed for other causes 234.

Note.

The appointment of Veterinary Inspectors to carry out the routine clinical examination of dairy cows has already returned good results, and I am quite sure that their work will be a considerable help in securing a milk supply that is both clean and safe.

(3) Milk and Dairies Order, 1926.

Under this Order, 3 inspections of herds were made, 118 cows were examined, and 16 samples of milk were taken and sent for biological examination. Two cows were slaughtered as a result.

(4) County Council Sampling of Bulk Milk.

During 1935, 54 samples of bulk milk were taken and examined (1) for general bacteriological content per 1 c.c., (2) for presence of B. Coli in 1/100 c.c., and (3) for the presence of the organisms of Tuberculosis.

Of these 54 samples of bulk milk,

(1) For general count per 1 c.c.

47 were within the required standard for Grade "A" Milk.

7 were without the required standard for Grade "A" Milk.

(2) For presence of B. Coli in 1/100 c.c.

31 were within the required standard for Grade "A" Milk.

23 were without the required standard for Grade "A" Milk.

(3) For the presence of the Tubercle Bacillus.

5 samples were returned as positive for Tubercle.

Generally in 1935, 88 per cent. of the samples of bulk milk complied with the Grade "A" standard for the general count, and 58 per cent. qualified for the Grade "A" standard for B. Coli count. It must be noted that these samples were taken in unselected fashion and that they were taken from what I may call the "worst milk" in the County, *i.e.*, milk that was not being produced under any designation or under any accredited scheme. In these figures there is surely abundant evidence for my view that milk supplies in this area have improved in quality in a most remarkable way.

(5) Milk in Schools Scheme.

It will be remembered that this Scheme of the Milk Marketing Board came into force on October, 1st, 1934.

The Scheme was put into operation in this County on a voluntary basis and this basis has continued. The Authority takes no financial responsibility for any milk supplied under this Scheme.

The conditions which govern the Scheme are:—

(1) The Scheme to be a voluntary one having the support of the County Council and the Education Committee.

(2) No milk to be supplied under the terms of the Scheme to any school unless the producer and the milk are covered by a certificate of approval from the County Medical Officer.

The following is the method which I employ in issuing certificates of approval; in every application which I receive, I cause investigations to be made concerning the premises and methods of the producer, and, after these have been carried out, I obtain a covering certificate from the Agricultural Department. In addition, the milk is sampled bacteriologically, and it must comply with the present standard for Grade "A" milk. If these two investigations are satisfactory, and, generally, this means that the producer is on the County Accredited Register, I issue a certificate of approval to the producer, reserving the right to suspend the certificate if at any time the necessity for that action should arise. Finally, samples of the milk actually being supplied to schools are taken from time to time and are examined bacteriologically (*a*) for the total count of organisms per 1 c.c., (*b*) the presence or absence of B. Coli, in 1/100 c.c., and (*c*) the presence or absence of the tubercle bacillus.

For convenience, I give this Table which compares the position at the end of 1934 with the position at the end of 1935:—

	1934.	1935.
Number of schools in which the scheme is operating ...	34	75
Number of children in receipt of milk	2232	3749
Number of children in attendance at these schools	3714	6896

I consider that the progress of the scheme has been reasonably satisfactory, but there is certainly need for continued improvement. In the main, the arrangements have worked easily and I trust that there may be a considerable extension to its present scope.

(6) Sale of Food and Drugs Acts.

During the first half of the year the Police acted as Sampling Officers, but during the second half of the year the sampling has been done by the Inspector of Weights and Measures.

During the year 156 samples were taken; Milk, 57; Butter, 9; Margarine, 9; Jam, 4; Baking Powder, 5; Cocoa, 2; Sugar, 3; Sausage, 12; Mincemeat, 1; Lemon Curd, 3; White Pepper, 3; Ground Ginger, 3; Ground Rice, 1; Cream, 2; Lard, 3; Corn Flour, 1; Table-wood Vinegar, 1; Cream of Tartar, 1; Baked Beans, 1; Self-Raising Flour, 2; Tea, 1; Ground Coffee, 1; Brawn, 3; Chutney, 1; Tinned Crab, 1; Blackcurrant Cube, 1; Jelly, 1; Lemonade, 1; Bicarbonate of Soda, 1; Sweet Spirit of Nitre, 4; Cream Cheese, 2; Malt Vinegar, 1; Beef Suet, 1; Potted Meat, 2; Faggott, 1; Tinned Sardines, 1; Coffee and Chicory, 1; Camphorated Oil, 1; Mercury Ointment, 1; Liquid Paraffin, 1; Tincture of Iodine, 2; Chocolate Brown Colouring, 1; Bitter Beer, 1, Whiskey, 1; Chocolates, 1.

Of the 156 samples taken, 143 were found to be genuine, and 8 of Milk, 4 of Sweet Spirit of Nitre, and 1 of Cream Cheese, adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts; 33 samples were examined during the year—Milk, 25; Butter, 3; Margarine, 1; Vinegar, 1; Sugar, 1; Jam, 1; Tinned Peas, 1.

All were found to be genuine, with the exception of 5 samples of milk, which were found to be adulterated.

Prevalence of and Control over Infectious and other Diseases.

(A). Isolation Hospital Accommodation.

I regret that there is no change to report regarding this matter.

As I have said previously, the present position is an extremely precarious one and undoubtedly the treatment of infectious diseases in this County falls far short of what is actually required.

I would stress, however, that the difficulties in the way of a solution have been immense, and it can be said that the County Committee concerned has carried out much tedious investigation in endeavouring to secure a plan which would be suitable and acceptable to all interested authorities. That work is difficult, but it is to be hoped that a satisfactory scheme will not now be long delayed.

In connection with this matter, I still adhere to the opinion which I gave in 1931 that a central isolation hospital should be built capable of serving the needs of the County population. I have advised that there would be required a modern hospital in three essential blocks, (a) for scarlet fever (b) for diphtheria, and (c) cubicles for other diseases, together with administrative and general quarters. It is to be expected that in this way a hospital of from 30 to 32 beds would be sufficient for the requirements of West Suffolk.

(B) Notifiable Diseases (other than Tuberculosis) during the Year 1935.

Compiled from the Reports of the District Medical Officers of Health.

Diseases.	Total Cases notified.	Removed to Hospital	Deaths.
Small Pox	—	—	—
Scarlet Fever	176	130	—
Diphtheria	27	27	2
Enteric Fever (including Paratyphoid)	—	—	—
Puerperal Fever and Puerperal Pyrexia ...	12	—	—
Pneumonia	78	9	18
Erysipelas	16	5	—
Ophthalmia Neonatorum	1	1	—
Encephalitis Lethargica	4	2	2
Chicken-pox	1	—	—
Anterior Poliomyelitis	1	1	—

(C) Infectious Diseases and School Children.

In 1935, 19 schools were closed on account of outbreaks of infectious diseases; the following are the details: Measles 2, Scarlet Fever 3, Whooping Cough 3, Chickenpox 1, Influenza 2, Measles and Scarlet Fever 2, and Diphtheria 6.

During the year, 75 Low Attendance Certificates were issued by the Medical Department in respect of the following conditions: Measles 5, Whooping Cough 8, Chickenpox 16, Scarlet Fever 5, Influenza and Colds 27, Mumps 5, and Coughs and Colds 9.

The main feature of the year's experience was the considerable decrease in both Measles and Whooping Cough, both of which diseases had caused widespread trouble and concern in the previous year. I have been at some pains to point out the devastating results that may arise when these diseases are treated cheaply:—They are tragic diseases for they kill and they produce after-results which may lead to serious and continued impairment of the health of their victims. It cannot be too strongly urged and taught that these two diseases must be looked upon seriously and we must continue to impress on the people that adequate and simple precautions in the acute stage and in early convalescence will do much to rob them of their dangers to child life.

Scarlet Fever was spasmodic in its occurrence and trouble was experienced at Icklingham, Flempton, Hawstead and Haverhill. No serious consequences to the public health followed these outbreaks which in the main were mild and comparatively unimportant.

The six school closures for Diphtheria occurred in the Sudbury area during the summer when a sharp and localised but unfortunately tragic outbreak was experienced. It is with the greatest regret that I report the death of two children from this disease in Sudbury. Every possible step was taken to protect the school population and I am happy to say that the children as a whole escaped from the danger which tragically caused the death of two of their fellows. In this Sudbury outbreak it was only natural that very considerable concern should arise locally and in a difficult situation I was very much indebted to the co-operation of the Sudbury Council and their Medical Officer; the efforts made by these various people were extremely valuable, and a situation which might easily have become one of some panic was thoroughly held in check. At the time much talk locally, unfortunately spreading to the London Press, concerned the alleged danger of the bathing pool as the factor concerned in the diphtheria infection, but I place it on record as I did at the time of the trouble, that in my opinion there was absolutely no foundation for this view.

Influenza and colds generally showed an increase on the previous year, but no great concern was felt at any time in relation to these diseases.

No other disease was sufficiently noteworthy to require comment.

Blind Persons Act, 1920.

(1) General Report on the Service in West Suffolk.

Registration.

There are 149 registered blind persons in the county, the age groups being as follows:—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Total.
0—5	5—16	16—21	21—50	50—70	Over 70	
2	4	3	30	70	40	—

Institutions.

Six persons are maintained in Public Assistance Institutions, two in Institutions for the Blind, five in training and special schools, and one in an Institution for the Mentally Defective.

Visiting.

Home Visiting is undertaken by the County Health Visitors, who paid 460 visits during the year.

Home Workers.

An arrangement has been made with the Norwich Institution for the Blind, for the supervision of the Home Workers in the county. There are 6 such workers recognised under the scheme.

Workshop Workers.

Three women are maintained in Institutions for the Blind, where they are employed in their workshops.

Other Workers.

In addition to the recognised "Home Workers," 13 persons are employed in remunerative occupations, as follows: Basket and Cane workers 2, Boot repairers 1, Braille Copyist 1, Hawkers 2, Mat-maker 1, Poultry farmer 1, Shop-keeper 1, Wood-worker 1, Minister of Religion 1, Miscellaneous 2.

Training.

In addition to sending blind children to special schools, the Education Committee undertake the training of blind adults on the advice of the County Medical Officer. At present 3 men are undergoing courses of training.

Treatment.

During the year, travelling expenses have been paid to enable blind persons to attend ophthalmic hospitals or the ophthalmic departments of general hospitals.

Pensions and Grants, etc.

Necessitous cases are referred to the Public Assistance Committee, but assistance is also given in suitable cases, in applying to charitable organisations for special pensions.

(2) General Conclusion.

It will be noted under the heading of Registration that there are 149 persons on the County Register. It is of interest to observe that of these 149, no fewer than 110 are over the age of fifty, while 40 are over the age of 70. To a great extent, therefore, the blind people of West Suffolk (73.8 per cent. of them) are over the age when they may be either employed or trained.

As a result of increased care and precautions at birth, the terrible ravages of Ophthalmia Neonatorum have been largely prevented and consequently infant and child blindness from this cause is practically non-existent in this area. It will be seen from the registration table that in the total of 149 blind persons there were only 9 below the age of 21.

In the very near future two important steps will be taken for the welfare of the blind in this area. First, the County Council has agreed to the appointment of a Home Teacher and Visitor, and this Officer will take up her appointment in February, 1936. She will be concerned solely with blind work and, as a specialist officer, she will be specially equipped for dealing with this work in all its various aspects. Second, early in 1936, I hope that a West Suffolk Voluntary Association for the Blind will be organised so that duties which cannot well be performed by the County Statutory Committee will be undertaken in the interests of blind people.

By this latter suggestion an alliance will be formed with the National Institute for the Blind, who will be responsible for the raising and collecting of voluntary funds in the area and who will return to the local Association certain monies each year which will be used exclusively for West Suffolk blind people.

In this way there will be a co-ordination of all local efforts for the blind and there will be a direct return for the good of the local blind.

Personally I feel that this unification of effort is highly desirable and in my opinion the welfare of the blind would largely be improved all over the Country if the many varied organisations now in existence would unite and pool their resources.

I believe generally that the blind in West Suffolk are well cared for and that no state of hardship is allowed to exist.

Population, Death Rate, Birth Rate, and Deaths classified according to Diseases.

DISTRICT.	Population as estimated by R.G. for Mid-year 1935.	Population as adjusted by R.G. for Statistics.	Birth Rate.	Crude Death Rate.	Adjusted Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Encephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System.	Other Tubercular Diseases.	Syphilis.	General Paralysis of the Insane (Tabes Dorsalis)	Diabetes.	Cancer. Malignant Disease.	Cerebral Haemorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhoea, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis (Acute & Chronic).	Puerperal Sepsis.	Other accidents and diseases of Preg- nancy & Parturition.	Congenital Debility, Malformation, inclg. Premature Birth.	Peptic Ulcer.	Violent Deaths, other than Suicide.	Senility.	Suicide.	Other Defined Diseases.	Diseases ill-defined or unknown.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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